

**LEP LICENSEES ONLY**

**Submit this application WITH YOUR CURRENT RESUME to the Examination Unit at the above address.**

Section A PERSONAL INFORMATION										
Last Name					First Name				MI	
Street Address					City				State	Zip
Home Phone	( )			Work Phone	( )			Fax Phone	( )	
Cell	( )			Pager	( )			Social Sec. No.		
License Type		License Number		Expiration Date		Other licenses		E-Mail Address		
Completion of the following fields are OPTIONAL:										
Race/Ethnicity					Date of Birth		Gender			

Section B REQUIREMENTS
<p>Do you currently practice independently as an LEP outside of employment as a school psychologist?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Section C QUESTIONNAIRE
<p>Have you ever participated in an examination development workshop for the Board?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes      If YES, when did you last participate in a workshop? _____</p>

*I declare under penalty of perjury that all information provided on this application is true and correct. I understand that if I am hired, I will be required to comply with the terms of an examination security/confidentiality agreement.*

Signature \_\_\_\_\_

Date \_\_\_\_\_